AGENCY DISPLAY OF ESTIMATED BURDEN

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STATEMENT OF DIRECT AIR CARRIER



INSTRUCTIONS: Submit this form to U.S. Department of Transportation, Special Authorities Division, X-46, Office of International Aviation, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

or transportation			
			hereby promises that it will take
(Direct Air Carrier)			Tioroby profittiood that it will take
responsibility for all obligatio	ns owed by		
, ,	,	(Charter Operator)
to participants on charter flight schedule number(Flight Schedule Number)			(or other designation of
		(Flight Schedule Number)	,
charter trip), including obliga	tions for ground services	and accommodations.	
	DIDEC	OT AID GARRIER	
	DIREC	CT AIR CARRIER	
E	By:	(Signature)	
		(Signature)	
_	(Name in print)		
_	(Title)		
_			
	(Phone Number)	(Fax Number)	
_	(St		
_	(City, State, Zip Code)		
	(Oity, State, Zip Code)		
_		(Date)**	

OST Form 4535 OST 4530, 32-35 Form Disk

^{**}This document is not acceptable if not dated.